



NEIGHBORHOOD REGISTRATION FORM

Type of registration: New Renewal Change of Information

Name of Neighborhood Association: _____

Year established: _____

Neighborhood Association Boundaries: _____

North: _____

East: _____

South: _____

West: _____

Primary Contact Person: _____

Phone: (Day) _____ (Evening) _____

E-mail Address: _____

Street Address: _____

Alternate Contact Person: _____

Phone: (Day) _____ (Evening) _____

E-mail Address: _____

Street Address: _____ Zip Code: _____

Board Members (optional): _____

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

How often does your Association meet? _____

Monthly Bi-monthly Quarterly Annually Other

Meeting Schedule: _____

Location: _____

Address: _____

Time: _____

Does your neighborhood have a newsletter? Yes No

Does your neighborhood have a website? Yes No

Thank you for registering your neighborhood!

For information regarding neighborhood associations or to report neighborhood concerns,
email the **Neighborhood Outreach Office**, neighborhoodoutreach@lakelandgov.net

Office: (863) 834-6011

Fax: (863) 834-8432